

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

Olema afanat	tin 6		
(Name or parti	nership, firm or corporation)		
Business Address: (Street)	(Town/City)) (State)	(Zip Code)
(Telephone)	(e-mail	
(Telephone)	(1	Fax)	
reportable expense transactio	ons which are not attributab	ports for each client, OR you may ble to any one client). to the reporting date relative to the	
New Futures, Inc	J I	,	Ü
(Full N	ame of Client as it appears on the	e Lobbyist Registration Form)	
<u>OR</u>			
All reportable transactions to inrelated to any particular clien		lobbyist's family), or the lobbying f	irm listed below which are
	26, 2017 \Box date of registration to 3/31/17	July 26, 2017 4 activity from 4/1/17 to 6/30/17	
	per 25, 2017	January 31, 2018 ☐ <i>activity from 10/1/17 to 12/31/17</i>	7
V. There have been no fee:		ble transactions made since the o the Secretary of State's Office, Sta	
f this box is checked, complete			
f this box is checked, complete Concord, NH 03301. VI. Check if additional repor			
If this box is checked, complete Concord, NH 03301. VI. Check if additional repor	or made expenditures, you mu	st file Addendum A – Fees and Exp	
If this box is checked, complete Concord, NH 03301. VI. Check if additional report If you have received fees of If you have paid an honora	or made expenditures, you mu	st file Addendum A— Fees and Exp , you must file Addendum B— Repo	
If this box is checked, complete Concord, NH 03301. VI. Check if additional report If you have received fees of If you have paid an honora	or made expenditures, you mu	•	
If this box is checked, complete Concord, NH 03301. VI. Check if additional reportion of the control of the co	or made expenditures, you mu arium or reimbursed expenses.	•	ort of Honorariums or